

Putnam (James J.)

TO MEMBERS OF THE MASSACHUSETTS MEDICAL SOCIETY.

IN order that the recent extensive epidemic of Diphtheria may not have passed away without contributing as much as possible to our knowledge of the disease, it is evidently desirable that the largest possible number of individual experiences should be collated and properly classified. The undersigned desires to do this, as regards the *post-diphtheritic paralyses*, and will be grateful for co-operation, which can best be given through answers to the appended questions. Please state dates, and ages of patients, in all cases. Any collateral facts or suggestions will be thankfully received and properly utilized.

Where cases diagnosticated as Croup have been followed by paralysis, &c., please tabulate them with the rest, indicating the diagnosis.

This blank will also be gladly furnished, on application, to physicians of other States.

Where collections of observed cases have been, or are to be, reported upon specially, please send references to, or, still better, digests of, them. Individual statements will gain greatly in value through the existence of these collective statements.

Answers will be valuable in proportion to their fulness.

In many cases, the physician may save his own time by calling on intelligent patients to report their own cases. ✓

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*Lect. on Diseases of the Nervous System at Harvard Med. Coll.*

I. State how many cases of post-diphtheritic paralysis you have observed since Jan. 1, 1875, and (where it can be done with accuracy) what proportion they form of all the cases of Diphtheria observed by you.

II. Sketch the character and course of the paralysis in each case, regarding particularly the following points: location of paralysis (muscles of articulation, deglutition, accommodation,\* locomotion, &c.), severity and duration of the symptoms; time of appearance, with reference to time of beginning and end of the initial attack; disorders of the special senses (including anæsthesia and hyperæsthesia of the skin).

III. State the number of cases (with dates, so far as practicable) where no distinct paralysis, but great depression of any kind, was present, and state briefly the character of the depression (*i. e.*, whether affecting the mind, the special senses, the locomotive power, &c.).

IV. State the position and extent of the initial, external signs of the disease (croupous, catarrhal, or diphtheritic inflammation), in the cases afterwards becoming paralytic; and the intensity and duration of the accompanying constitutional symptoms

V. Indicate opposite to each case the treatment employed.

VI. In cases terminating fatally, state as exactly as possible, the manner of death (if sudden, in what degree).

VII. State particularly the results of autopsies, so far as concerns the nervous or muscular systems.

VIII. Give cases of simple, apparently non-diphtheritic inflammation of throat, followed by paralysis of soft palate or elsewhere.

*A specimen case is recorded in the accompanying blank.*

\* Mention in this connection any cases where dimness of vision, of unknown origin, lasting for a limited time, was observed.

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Name and Age.	(Comp. IV.) Nature, Intensity, and Duration of the Original Signs of the Disease, local and general.	(Comp. II.) Position, Nature, and Course of Paralysis.	Treatment.	(Comp. VI.) Result.	Results of Autopsies, or Remarks.
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A. B., 11 years.	Membranous deposit on one tonsil, lasting one week. Temp. not raised above 99° F. Walked out in second week. Great prostration during 2 weeks, increasing during first 3 days after the disappearance of local signs of the disease.	Incomplete paralysis of soft palate, lasting 4 weeks. Voice husky, and not easily controlled, for 6 weeks. Tottering gait, with weakness of muscles of trunk and neck, during 2 months. Finer motions of hands and fingers seriously impaired. The paresis of the palate was not observed for 3 days after the throat had essentially recovered; then it came on quite suddenly.	Strechine, gr. 1-60, 3 t. d., during 4 weeks. Galvanism to spine; Faradism to muscles, 3 t. wk., during 2 months.	Recovery (in essential respects) at end of 3 months. First signs of improvement in condition of palate, after 2 weeks; of voice, after 2 weeks; of muscles of trunk and limbs, after 6 weeks. The intercostal muscles of both hands remained atrophied, to some extent, though still responsive to Faradism and to the will.	Slight albuminuria for 4 weeks, during and after the initial attack.
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*Whole number of Cases of Diphtheria observed*

*since Jan. 1, 1875* . . . . .

*Number of Paralytic Cases* . . . . .

*No. of Cases of marked Secondary*

*Duration.*

*Enfeeblement of the Mind* \_\_\_\_\_

“ *Voice* \_\_\_\_\_

“ *Eyesight* \_\_\_\_\_

“ *Hearing* \_\_\_\_\_

“ *Digestion* \_\_\_\_\_

“ *Motor Funct.* \_\_\_\_\_

REMARKS.

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